opening into the spinal canal (*Gaz. Hebdom.*, 1856). The brain and cord may be simultaneously attacked—thus cases of cerebro-spinal tuberculous meningitis have been observed (Senhouse, Kirkes, Liouville, Hayem, Langlet, etc.).

III. There have been observed in the course of phthisis, symptoms that must be attributed to an alteration of cranial or spinal nerves. A case of amaurosis, cited by Plumptree (*Med. Times and Gaz.*, 1855), due to a deposit of tuberculous matter around the optic nerves; alterations of the phrenic and pneumogastric nerves, described by J. Heine, in 1827; lesions of the great sympathetic, observed in 1844 by Eichmann; intercostal neuritis observed by Beau, in 1849; some cases of tubercles in the nerves, and Bouchut has called attention to the optic-neuritis and perineuritis in cases of tuberculous tumors, or tuberculous meningitis of the base of the brain, the œdema and atrophy of the papilla; the retinal hæmorrhages, the tuberculous granulations of the retina, choroid, etc.

We can readily understand that the symptomatology of all these complications is most various and difficult. We may see also, besides the delirium that is often provoked by the fever or the profound cachectic condition of the patient, the true symptoms of mental alienation. Morel and Marcé have noticed a kind of melancholia not at all infrequent at the beginning of the disease. Toward its close, the delirium of consumptives, which ordinarily is mild and tranquil, may be altered to a furious delirium, or a veritable mania, of which Bergmann, Morel, Clouston, and Simon have published cases. All these cerebral symptoms may be attributed to the serious innutrition of the brain in the course of the consumptive disease, *par excellence.*

IV. In the last part of his work M. Hahn gives a chapter to "the nervous phenomena of still uncertain origin," among which he places: 1. The sensory disorders (facial, sciatic, and intercostal neuralgias; pains in the sternum, and at points on the spine; arthralgia; muscular pains; hyperæsthesia of the muscles and the skin; analgesia; anæsthesias, etc.). 2. Motor nervous disorders (tremor, contractions, phenomena of paresis and paralysis). 3. Vaso-motor troubles (reddening of the cheeks, cutaneous pigmentations, dilatation of the pupil of the affected side, elevation of temperature in the axilla of the side of the most diseased lung, the phenomenon of hippocratic finger, the *tache meningeale*, ecchymoses of the back of the hand, local asphyxias). Finally, certain cases of sudden death in consumption are attributed by Perroud to a reflex, the origin of which is the excitation starting from the pulmonary lesion, transmitted by the centripetal fibres of the vagus to the medulla, and causing a brusque arrest of the movements of the heart and those of respiration. As for ourselves, we deem that the explanation of these sudden deaths ought often to be sought elsewhere, and that the frequent profound alteration of the muscular fibres in such a cachectic disease cannot be left out in considering the causes of the fatal syncope sometimes observed.

AUDITORY VERTIGO.—M. Bonnenfant, in his thesis on the semeiology of vertigo in affections of the ear (Paris, 1874), distinguishes in a pathogenetic point of view, several varieties of auditory vertigo: 1st, Vertigo by traumatic irritation; 2d, vertigo by galvanic excitation; 3d, labyrinthine vertigo, or that due to inflammatory lesions of the internal ear; 4th, vertigo connected with diseases of the middle ear; 5th, that due to affections of the meatus; and 6th, and finally, the vertigo apparently due to reflex action. Without noticing all these varieties, we will give a little attention only to the vertigo due to galvanic excitation.

If we apply the two poles of the battery to the two mastoid processes, the subject of the experiment leans the head and body to one side as long as the current is passing, and on its interruption assumes again the erect position, as if controlled by an invisible hand. The vertigo disappears, but nausea and pain are complained of. The loss of equilibrium is always toward the positive pole.

When we place the magnetic pole on the neck, the trunk, or the limbs, and double the other conductor, so as to make two positive poles, and apply one of them to the mastoid process of one side, we produce an extreme vertigo with inclination of the body toward that side; but if we then apply the other positive electrode to the opposite mastoid process, every symptom of vertigo disappears. The vertigo seems, therefore, to be due to the difference of excitation of the nervous terminations of the two auditory apparatuses.—(*Gaz. Hebd.*) *Gaz. des Hopitaux*, Mar. 13.

PARALYSIS AGITANS.—Dr. Henri Huchard describes (*L' Union Medicale*, Jan. 19) a case of paralysis agitans in a young girl, eighteen years of age, which was of fifteen years' standing, having first made its appearance when she was three years old. This disease has been generally considered as an affection of adult or middle age; the earliest age at which it had been previously reported was fourteen years. The cause in the case reported was absolutely unknown. The observation is unique, in that it gives the affection a place, exceptional, it is true, among the diseases of early childhood.

APHASIA.—Dr. G. DePoyen, of Monte, Guadeloupe, publishes in *L' Union Medicale* the case of a gentleman who, in a discussion, was taken with violent abdominal pains, and simultaneously lost completely the power of speech. The ability of expression was not lost, for he was able to communicate by writing. The case seems, therefore, to have been one of mechanical alalia, rather than of aphasia, properly so-called.

The treatment employed was palliative and anti-spasmodic, and the next day the patient had wholly recovered.

The explanation offered by Dr. DePoyen is that the violent enteralgia acted by some communication by means of the sympathetic with the medulla in affecting the executive organ of speech.

MIGRAINE.—The following are the principal characters of true migraine as distinguished by Prof. Lasègue, and given in the *Gaz. des Hopitaux*, No. 36:

The first characteristic of migraine is, that it is a malady of attacks. Every continued cephalalgia, by this fact alone, is to be excluded.

A second characteristic is periodicity, irregular and undetermined, it is true, but still the attacks are never so close to each other as to suggest simple